The demond must be filed directly the	competent International Prelim	inary Examininguthoping or, if tw	o or more Authorities ar
with the one chosen by the applicant.	full name or two-letter code	of that Authority may cated by	y the applicant on the lin
IPEA/	<u> </u>		

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For:	International Preliminary	Examining Authority	use only	
Identification of IPEA		Date of receipt of DEMAND		
Box No. 1 IDENTIFICATION OF THE INTERNATIONAL APPLICATION			Applicant's or agent's file reference 55942 PCT (71699)	
International application No.	International filing date	(day/month/year)	(Earliest) Priority date (day/month/year)	
PCT/US02/41901	31 December 2002	(31.12.02)	31 December 2001 (31.12.01)	
Title of invention Tunable Planar and Cylindrical Multi-E Embodying Such Arrays and Methods		nance Imaging Dete	ctor Arrays, Systems and Apparatuses	
Box No. II APPLICANT(S)				
Name and address: (Family name followed by given name; for a legal entity, full office designation. The address must include postal code and name of country		gal entity, full official and name of country.)	Telephone No. (410) 516-8300	
The Johns Hopkins University			Facsimile No.	
100 N. Charles Street 5th Floor		•	(410) 516-5113	
Baltimore, MD 21201			Teleprinter No.	
U.S.			Applicant's registration No. with the Office	
			,	
State (that is, country) of nationality: U.S.		State (that is, country) of residence: U.S.		
Name and address: (Family name followed in name of country.)	Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)			
Bottomley, Paul A.				
6308 Velvet Path Columbia, MD				
U.S.				
-		State (that is, country) of residence: U.S.		
Name and address: (Family name followed in name of country.)	by given name; for a legal	entity, full official design	ation. The address must include postal code and	
,				
·				
			-	
			·	
State (that is, country) of nationality:	*	State (that is, country)) of residence:	
Further applicants are indicated on a	a continuation sheet	<u> </u>		

<u>م</u> المراه			
		International application No.	
	Sheet No2.	PCT/US02/41901	
Box No. III AGENT OR CO	MMON REPRESENTATIVE; OR ADDRESS FOR O	CORRESPONDENCE	
The following person is	agent common representative		
and A has been appointe	d earlier and represents the applicant(s) also for internation	nal preliminary examination.	
is hereby appointe	ed and any earlier appointment of (an) agent(s) /common re	presentative is hereby revoked.	
	ed, specifically for the procedure before the International Fent(s)/common representative appointed earlier.	Preliminary Examining Authority, in	
	e followed by given name; for a legal entity, full official	Telephone No.	
The address	must include postal code and name of country.)	(617) 439-4444	
		Facsimile No.	
Daley, Jr., William J. Edwards & Angell, LLP	* ·	(617) 439-4170	
P.O. Box 9169		Teleprinter No.	
Boston, MA 02109			
U.S.		Agent's registration No. with the Office	
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			
Box No. IV BASIS FOR IN	TERNATIONAL PRELIMINARY EXAMINATION	•	
Statement concerning amenda	nents:*		
	ternational preliminary examination to start on the basis	of:	
	plication as originally filed.		
the description	as originally filed		
	as amended under Article 34		
	` _	·	
the claims	as originally filed	•	
	as amended under Article 19 (together with any accomp	anying statement)	
	as amended under Article 34	•	
the drawings	as originally filed		
	as amended under Article 34		
2. The applicant wis	hes any amendment to the claims under Article 19 to be co	nsidered as reversed.	
months from the amendments mad	hes the start of the international preliminary examination to priority date unless the International Preliminary Exame under Article 19 or a notice from the applicant that he This check-box may be marked only where the time limit under the limit under the limit under the time limit under the limit un	nining Authority receives a copy of any does not wish to make such amendments	
originally filed or, where application under Article 34	ked, international preliminary examination will start on the copy of amendments to the claims under Article 194 are received by the International Preliminary Examining emational preliminary examination report, as so amended.	and/or amendments of the international	
Language for the purposes of	international preliminary examination: English		
ָר <u>כ</u> אַ	age in which the international application was filed.	••••••	
which is the language of a translation furnished for the purposes of international search.			
which is the language of publication of the international application.			

which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

ELECTION OF STATES

Box No. V

The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT)

excluding the following States which the applicant wishes not to elect:

Sheet No. .3.

htional application No.
PCT/US02/41901

Box No. VI CHECK LIST			
The demand is accompanied by the following elements, in the language r Box No. IV, for the purposes of international preliminary examination:	eferred to in		nal Preliminary thority use only not received
1. translation of international application :	sheets		
2. amendments under Article 34 :	sheets		
3. copy (or, where required, translation) of amendments under Article 19	sheets		
4. copy (or, where required, translation) of statement under Article 19	sheets		
5. letter :	sheets	ĹΠ	
6. other (specify) :	sheets		
The demand is also accompanied by the item(s) marked below: 1. fee calculation sheet 5. statement explaining lack of signature 2. original separate power of attorney 6. sequence listing in computer readable form 7. other (specify): Transmittal letter, check 4. copy of general power of attorney; reference number, if any: Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand). William J. Daley, Jr. Attorney for the Applicant			
For International Proliminary Evamining	· Authorita		-
For International Preliminary Examining Authority use only 1. Date of actual receipt of DEMAND:			
Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):			
3. The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. The applicant has been informed accordingly.			
4. The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.			
5. Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.			
For International Bureau u	se only		

CHAPTER II

PCT

FEE CALCULATION SHEET

Annex to the Demand

	For International Preliminary Examining Authority use only
International application No. PCT/US02/41901	
Applicant's or agent's file reference 55942 PCT (71699)	Date stamp of the IPEA
Applicant The Johns Hopkins University	
CALCULATION OF PRESCRIBED FEES	
Preliminary examination fee	490.00 P
2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) 3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	172.00 H 662.00 TOTAL
MODE OF PAYMENT	
authorization to charge deposit account with the IPEA (see below) cheque revenue s postal money order coupons bank draft other (spe	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT (This mode of payment may not be available at all IPEAs)	IPEA/ US
Authorization to charge the total fees indicated above.	Deposit Account No.: 04-1105
(This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Normal Agents and D. J.